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ABSTRACT

Over the last decade, notable advances have been made in the classification of child and adolescent psychopathology. The use of Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III) diagnostic categories for depression with children and adolescents was investigated using archival classification data spanning an 8-year time period. Records were located for inpatients (N=260) and outpatients (N=128) ranging in age from 5 to 18 years who received one of five DSM-III diagnoses for depression. The overall sex ratio for the sample was approximately equal. However, sex differences were identified within specific DSM-III diagnostic categories. Children and preadolescents rarely received a diagnosis of depression, whereas Major Depressive and Comorbid disorders were diagnosed at a higher rate after puberty and required inpatient care. The overuse of the Adjustment Disorder with Depressed Mood diagnostic category in this sample suggests that modified adult diagnostic criteria are not adequate for the classification of depression in childhood and adolescence. Developmentally appropriate and empirically sound diagnostic criteria are needed to determine the etiology and sequelae of these disorders. (Author/ABL)

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The DSM-III Classification of Child and Adolescent Depression

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Abstract

The use of DSM-III diagnostic categories for depression with children and adolescents was investigated using archival classification data spanning an eight year time period. Records were located for 260 inpatients and 128 outpatients ranging in age from 5 to 18 years who received one of five DSM-III diagnoses for depression. The overall sex ratio for the sample was approximately equal. However, sex differences were identified within specific DSM-III diagnostic categories. Children and preadolescents rarely received a diagnosis of depression, whereas Major Depressive and Comorbid disorders were diagnosed at a higher rate after puberty and required inpatient care. The overuse of the Adjustment Disorder with Depressed Mood diagnostic category in this sample suggests that modified adult diagnostic criteria are not adequate for the classification of depression in childhood and adolescence. Developmentally appropriate and empirically sound diagnostic criteria are needed to determine the etiology and sequelae of these disorders.

The DSM-III Classification of Child and Adolescent Depression

James A. Griffin and Dante Cicchetti

Over the last decade, notable advances have been made in the classification of child and adolescent psychopathology. This is especially true for childhood depressive disorders, which have evolved from nonrecognition in DSM-II (American Psychiatric Association, 1968) to become a major focus of research and treatment efforts (Cicchetti and Schneider-Rosen, 1986). Unfortunately, there is still disagreement as to how depression in children and adolescents should be diagnosed, and modified DSM-III adult criteria continue to be used to classify these disorders (American Psychiatric Association, 1980; 1987). Thus, it remains unclear as to how these modified diagnostic criteria are being used to classify depression in research and treatment populations.

In recent epidemiological studies, it has been shown that the incidence of depression increases with age, with a marked rise after puberty (Costello and Benjamin, 1989). These studies also suggest that the preponderance of depression found among adult females does not manifest itself until late adolescence. Like epidemiological studies, research with clinical populations has shown considerable progress, moving from uncovering "masked" depression in children and adolescents (Carlson and Cantwell, 1980) to validating the use of DSM-III diagnostic criteria for depression with the offspring of depressed parents (Beardslee,

Klerman, Keller, Lavori, and Podorefsky, 1985). There is also evidence that depression in these age groups may co-exist with other psychiatric disorders (Kovacs, Paulauskas, Gatsonis, and Richards, 1988).

Despite these research efforts, little is known about how DSM-III diagnostic categories are actually being used by clinicians to classify depression in children and adolescents seen in different treatment settings (Griffin and Cicchetti, 1989). It may be that clinicians are currently depending on their intuitive judgment to adjust adult criteria when diagnosing depression in children and adolescents. It is also plausible that when a clinician is faced with confusion surrounding the appropriate diagnosis for a seemingly depressed child, that they resort to inappropriately using the Adjustment Disorder with Depressed Mood diagnostic category. In either case, the diagnosis made would be inherently unreliable.

The purpose of the present study was to examine how DSM-III diagnostic categories for depression were used in the classification of children and adolescents seen for inpatient or outpatient treatment. Hospital files and computerized billing records spanning an eight year time period were searched to identify children and adolescents who received a psychiatric diagnosis. First admission records were located for 899 inpatients and 687 outpatients ranging in age from 5 to 18 years ($\bar{x}$= 13.38; SD= 3.76). Fifty-two percent of the sample were male, 48% were female. Further details concerning the overall sample

can be found elsewhere (Griffin, Cicchetti, Laurenitis, and Hodgman, in review).

From the total sample, a subsample was created of 388 children and adolescents whose primary DSM-III Axis-I diagnosis was one of five diagnostic categories for depression (see Table 1). A "comorbid" category was created for patients who received diagnoses of depression and antisocial behavior or substance abuse. Three separate age groups ($\bar{X}$= 14.89; SD= 2.82) were created: Childhood (ages 5-9), Preadolescence (ages 10-13), and Adolescence (ages 14-18). Forty-eight percent of the sample were male, 52% were female..

The frequency of usage for the Cyclothymic Disorder diagnostic category was very low (n= 2), and it was excluded from the statistical analyses. Chi-Square analyses performed with the four remaining depression categories revealed significant associations between sex and diagnostic category (X^2= 11.55, df= 4, p.< .02), age and diagnostic category (X^2= 33.44, df= 8, p.< .001), and source (inpatient/outpatient) and diagnostic category (X^2= 48.67, df= 4, p.< .001). Categorical data modeling procedures (SAS, 1985) were used to analyze the interactions between these three variables and diagnostic category. All interactions failed to reach significance (p.> .05).

Although the sex ratio for the subsample was approximately equal, there were sex differences within three of the five depression diagnostic categories (see Table 2). In the Bipolar Depression category, adolescent males outnumbered females by a

ratio of two to one. A sex difference was also present in the Adjustment Disorder category, where this diagnosis was used more frequently with adolescent females than males. In the Comorbid category, there were slightly more males than females in the adolescent age group. There were no sex differences in either the Unipolar Depression or the Dysthymic Disorder diagnostic categories across the three age groups.

Both age and patient type were significantly associated with diagnostic category (see Table 3). The frequency of usage for all five categories increased with age, with the exception of Adjustment Disorders treated on an outpatient basis, which did not change after preadolescence. From preadolescence to adolescence, however, there was a dramatic increase in the use of all other depression categories, especially within the inpatient population. Thus, the majority of patients who received a diagnosis of depression were adolescents being treated on an inpatient basis.

Within this subsample, the five categories for depression were rarely used before puberty, and then primarily with adolescent inpatients. The preponderance of females normally found in adult treatment samples was not evident in the Unipolar and Dysthymic Disorder diagnostic categories. There are many possible interpretations of these findings. It may be that Major Depression rarely occurs before puberty, and frequently goes untreated when it does occur (Beardslee et al., 1985). There may also be a continuing bias among clinicians against using these

diagnostic categories with children and adolescents. It is also possible that clinicians are uncertain about how to apply adult criteria when diagnosing child and adolescent depression. This would account for the high usage rate of the Adjustment Disorder category (42% of the subsample), especially with adolescent inpatients.

The results of the present study suggest that cases of child and adolescent depression are being seen and diagnosed in inpatient and outpatient treatment settings. It is also evident, however, that the modified DSM-III adult criteria for depression are not adequate for the classification of child and adolescent depression, as demonstrated by the disproportionate number of patients in this sample who received a diagnosis of Adjustment Disorder with Depressed Mood. While DSM-III-R asserts that Major Depression can begin in infancy (American Psychiatric Association, 1987), no clear diagnostic criteria for depression have been established for children and adolescents, much less infants. Developmentally appropriate and empirically sound diagnostic criteria must be established to determine the etiology and sequelae of these disorders.

Developmental Psychopathology (Cicchetti, 1984; 1987) offers an epistemological framework within which a developmentally based nosology for these and other child and adolescent disorders may be formulated. Longitudinal research with both clinical and epidemiological samples is necessary to identify and validate diagnostic criteria for child and adolescent depression.

References

American Psychiatric Association (1968). Diagnostic and statistical manual of mental disorders (2nd ed.). Washington, DC: American Psychiatric Press.

American Psychiatric Association (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: American Psychiatric Press.

American Psychiatric Association (1987). Diagnostic and statistical manual of mental disorders (3rd ed., rev.). Washington, DC: American Psychiatric Press.

Beardslee, W.R., Klerman, G.L., Keller, M.B., Lavori, P.W., & Podorefsky, D.L. (1985). But are they cases? Validity of DSM-III major depression in children identified in a family study. American Journal of Psychiatry, 142, 687-691.

Carlson, G.A., & Cantwell, D.P. (1980). Unmasking masked depression in children and adolescents. American Journal of Psychiatry, 137, 445-449.

Cicchetti, D. (1984). The emergence of developmental psychopathology. Child Development, 55, 1-7.

Cicchetti, D. (1987). Developmental psychopathology in infancy: Illustration from the study of maltreated youngsters. Journal of Consulting and Clinical Psychology, 55, 837-845.

Cicchetti, D., & Schneider-Rosen, K. (1986). An organizational approach to childhood depression. In M. Rutter, C.E. Izard, & P.B. Read (Eds.), Depression in young people (pp. 71-1340. New York: Guilford Press.

Costello, E.J., & Benjamin, R. (1989). Epidemiology and child diagnosis. In C. Lash and M. Hersen (Eds.), Handbook of child psychiatric diagnosis. New York: John Wiley.

Griffin, J.A., & Cicchetti, D. (1989). Treated incidence data. Journal of the American Academy of Child and Adolescent Psychiatry, 28, 300-301.

Griffin, J.A., Cicchetti, D., Laurenitis, L.R., & Hodgman, C.H. (in review). Age and sex differences in the DSM-III classification of child and adolescent psychopathology. Journal of Nervous and Mental Disease.

Kovacs, M., Paulauskas, S., Gatsonis, C., & Richards, C. (1988). Depressive disorders in childhood III: A longitudinal study of comorbidity with and risk for conduct disorders. Journal of Affective Disorders, 15, 205-217.

SAS Institute Inc. (1985). SAS user's guide: Statistics, version 5 edition. Cary, NC: SAS Institute Inc.

TABLE 1

Summary diagnostic categories for depression derived from the DSM-III nosology:

1. **Bipolar Depression**
2. **Unipolar Depression**
3. **Cyclothymic Disorder**
4. **Dysthymic Disorder**
5. **Adjustment Disorder with Depressed Mood**
6. **Comorbid Category:**
   - **a) Depression with Conduct Disorder**
   - **b) Depression with Oppositional Disorder**
   - **c) Depression with Substance Abuse**

TABLE 2

Frequency and percentage of diagnoses for males and females by age group.

Males

Diagnostic Category	5-9		10-13		14-18	
	Freq	%	Freq	%	Freq	%
Bipolar Depression	0	0.0	2	1.1	13	7.0
Unipolar Depression	0	0.0	5	2.7	28	15.0
Dysthymic Disorder	2	1.1	8	4.3	45	24.1
Adj. Dis. Dep. Mood	11	5.9	19	10.2	34	18.2
Comorbid Group	1	0.5	0	0.0	19	10.2
	14	7.5	34	18.3	139	74.5

Females

Diagnostic Category	5-9		10-13		14-18	
	Freq	%	Freq	%	Freq	%
Bipolar Depression	0	0.0	0	0.0	6	3.0
Unipolar Depression	0	0.0	4	2.0	26	13.1
Dysthymic Disorder	3	1.5	6	3.0	43	21.6
Adj. Dis. Dep. Mood	8	4.0	20	10.1	69	34.7
Comorbid Group	0	0.0	0	0.0	14	7.0
	11	5.5	30	15.1	158	79.4

TABLE 3

Frequency and percentage of diagnoses for inpatients and outpatients by age group.

Inpatients

Diagnostic Category	5-9		10-13		14-18	
	Freq	%	Freq	%	Freq	%
Bipolar Depression	0	0.0	1	0.4	17	6.6
Unipolar Depression	0	0.0	6	2.3	50	19.4
Dysthymic Disorder	0	0.0	6	2.3	75	29.1
Adj. Dis. Dep. Mood	2	0.8	4	1.6	71	27.5
Comorbid Group	0	0.0	0	0.0	26	10.1
	2	0.8	17	6.6	239	92.7

Outpatients

Diagnostic Category	5-9		10-13		14-18	
	Freq	%	Freq	%	Freq	%
Bipolar Depression	0	0.0	1	0.8	2	1.6
Unipolar Depression	0	0.0	3	2.3	4	3.1
Dysthymic Disorder	5	3.9	8	6.3	13	10.2
Adj. Dis. Dep. Mood	17	13.3	35	27.3	32	25.0
Comorbid Group	1	0.0	0	0.0	7	5.5
	23	18.0	47	36.7	58	45.4